

**Model for Substance Abuse Residential Services  
Based On American Society of Addiction Medicine  
Patient Placement Criteria**

This proposal for the delivery of substance abuse treatment is based on information from:

- American Society for Addiction Medicine (ASAM) Level of Residential Services
- Current MaineCare Regulations: Section 65 Appendix B
- State of Maine Office of Substance Abuse Contract Agreements with the agencies
- Current treatment practice.

This proposal recognizes that it addresses the minimal treatment required to serve specific populations. It is also necessary to address separately the housing and vocational needs of these populations. This model requires some redesign of the current system as a part of the evolution of the treatment system.

**ASAM Level III: Residential/Inpatient Services:** Residential treatment is a planned regimen of 24 hour observation, monitoring, and treatment utilizing a multi-disciplinary staff for clients whose biomedical emotional and/or behavioral problems require acute services. Residential programs provide a supportive and structured environment for clients with a substance abuse disorder and an extensive substance abuse debilitation. Residential Care maintains a basic rehabilitative focus on early recovery skills; including the negative impact of substances, tools for developing support, and relapse prevention skills. The experience is that most residential clients meet Level III.5 criteria.

Service	Enhancement Areas	ASAM Level	Minimum Treatment	Length of Cycles of Treatment*
R1	Basic	Level III.3 – Level III.5	14 group hours + 2 individual hours per week	Cycles of Up to 30 Days
	Women Treated with Children	Level III.5	22 group hours + 2 individual hours per week	
R2	Basic	Level III.1 - Level III.5	14 group hours + 2 individual hours per week	Cycles of Up to 180 Days
	Psychiatry Care Provided (Co-occurring mental health treatment provided on site)	Level III.5	14 group hours + 2 individual hours per week	
	Adolescent Care (Different staffing pattern with clinically licensed staff on duty from 7 a.m. to 11 p.m. Two Other Qualified Staff cover the hours of 11 p.m. to 7 a.m.)	Level III.5 (Adolescent)	14 group hours + 1 individual hour per week	
Detox	Basic (Requires at least one RN, CNA, SA Counselor (CADC/LADC); MD for 24 on-call capacity)	Level III.7D	14 group hours + 2 individual hours per week	4 – 7 Days

**\*Cycles may be repeated by a client, based on documentation of medical necessity. No client will remain in the level of care when medical necessity is no longer met.**

**\*\*Given more time, it will be possible to match the ASAM dimensions to the outcomes listed below. This will help clarify the justification for the difference between the levels of care and the enhancement areas.**

**Admission to Residential Care Facility:** All potential clients wanting admission to a residential program (at any level) are screened according to all ASAM dimensions:

- Acute Intoxication withdrawal, biomedical conditions & complications,
- Cognitive, Emotional Behavioral, and Readiness to change/motivation for treatment,
- Relapse potential/continued use, and
- Recovery Environment.

After the screening the client is admitted to the appropriate level of care.

**Qualifications of Clinical Staff:** Clinical Staff are responsible for the screenings, assessments, group, individual, group and discharge planning and all treatment recommended in the treatment plan. Treatment Services are administered by a CADC (under supervision of an CCS), LADC, LCPC, LCSW, or other qualified staff defined by licensure to practice substance abuse counseling that is co-occurring capable. (Note, this is consistent with billable licensure accepted by MaineCare regulations for outpatient services under section 65.)

**Other Qualified Staff:** In all levels of residential care there will need to be staff that can cover evenings and overnight. This coverage is not necessarily licensed staff, but they are appropriately trained and oriented. Staff members working these hours need at least 40 hours of training in key areas before working independently. On evening and overnight shift there is an on-call system (clinical Counseling staff) in which the Other Qualified Staff can call for emergencies and clinical consultation. The key areas that need 40 hours of orientation include: crisis management, confidentiality, safety, universal precautions, therapeutic community, clients rights and responsibilities, house rules, personal hygiene, co-occurring disorders, nutrition policy, drug testing, communication and documentation of work. All staff members are certified in first aid and CPR.

**Documentation:** All documentation must follow guidelines set by the federal guidelines and state. A Daily Notes which states progress toward discharge and the need for continual treatment at this level will be documented in a daily note. (Based on dimensions of ASAM)

Examples of documentation:

1. Group Notes
2. Individual Session Notes
3. Crisis Intervention
4. Case Management and Case Coordination
5. Assessments
6. Treatment Planning
7. Weekly Progress Note
8. Initial Discharge Plan (within 24 hours of admission)
9. Discharge Plan
10. Case Review Notes
11. Outside referral notes such as Psychiatric, mental health or physician health
12. Medical Section of chart: Will include all doctors' notes and distribution of medications.

This report has taken each service section and defined what treatment is provided and under what condition it could be billed. The following glossary is used:

1. State Plan Coverable (SP)
2. I-SPA Coverable (ISPA)
3. Not Coverable under Mainecare in this setting (NC)
4. May be Covered, need more information (MC)

### R1

Treatment Planning occurs within the first 24 hours of admission. As client needs are assessed items are added. The treatment plan includes recovery planning, physical health, co-occurring disorders, and medication management. Treatment Plans are reviewed every 7 days.

**Co-occurring Assessment: (SP)** is updated from admissions assessment within the first 24 hours to assess for mental health needs, substance abuse history and treatment needs.

**Group counseling includes (SP):**

- Attitudes, skills and habits conducive to good health and the maintenance of a substance free life style.
- Tools for developing sober support and relapse prevention skills
- Recovery skills, including the negative impact of addiction, medical aspects of addiction,
- Criminal and addictive thinking groups
- Trauma groups (Covington's Healing Trauma curriculum)
- Pregnancy and substance abuse groups
- Co-occurring groups with a focus on Anxiety and Depression.

**Individual Counseling (SP)** is based on individual need and is at least two hours per week and can include family counseling. Course of treatment will be based in treatment plan.

- Individual counseling will include discharge planning and development and review of treatment plans so that plans meet the needs of the client.

**Case Management: (SP)** (at least 1 to 2 hours per week)

- Assist the client in re-integrating into the community
- Coordinate services with other providers involved with client to include but not limited to: housing needs, vocational needs, physical and dental needs, safety needs regarding domestic violence and sexual assault, legal needs, OB needs for pregnant clients.
- Connect client to above services if client is not currently involved and there is an identified need.

**Medication Education (SP)**

- Educating the clients on side effects of medication
- Teaching skills to manage medication
- Monitoring and self-administration

**Crisis Intervention (SP)**

- Assisting client through crisis and making necessary referrals.

**Psychiatric Services (Referred out or contracted out)**

- When indicated in assessment a psychiatric evaluation occurs
- If medication is prescribed, monthly medication follow-up occurs as requested by psychiatrist

**Physical Health (outside referral)**

- Within 5 days of admission the client has a physical unless it was completed prior to admission.
- All health needs indicated by the physician are included in the treatment plan.

**Drug Testing:**

- Drug Testing is done at time of admission
- Random testing occurs as deemed necessary by the staff

**Therapeutic Milieu Management (MC)**

- Observe and assist clients in daily tasks such as hygiene, cleaning, self-administered medication sober activities, developing a daily schedule and food preparations
- Assist clients in learning to communicate effectively within the therapeutic community
- Observe safety and evaluate for potential crisis
- Practice healthy relationships: boundaries, communication, reinforcing social behavior, promoting personal responsibility.

**Vocational Skills (NC)**

- Vocational Assessment
- Referral to Career Centers

**Transportation: (SP)**

- Is made available to provide for community integration
- Is encouraged toward discharge to get own sources of transport.

**Documentation:** All contact with client will be documented following regulations set by MaineCare and State of Maine Licensing Regulations. All documentation signed by a CADC must be signed by a CCS; all other professional licenses are signed by the practitioner with audits by the CCS.

**Target Outcomes:**

1. Recognize and expressing adverse effects of addictive disease on life.
2. Identify personal skills and strengths: what works, problem solving skills
3. Identify how to maintain recovery: hopes and dreams, values and resiliency skills
4. Learn to regulate and express feelings and cravings: by using skills in coping, grounding, self-regulation, managing impulsivity, mindfulness, and anger management skills
5. Identify and interrupt thinking distortions and automatic defenses: pattern interruption, enhancing readiness to change and addressing criminal thinking.
6. Identify relapse warning signals and skills to avoid relapse
7. Learn and practice healthy relationships: boundaries, communication, reinforcing social behavior, promoting personal responsibility.
8. Develop a balanced daily routine that includes nutrition, hygiene, chores, self-administered medication, exercise, vocational pursuits and sober activities.
9. Develop strong involvement in support system within a recovery community. Learn to use Recovery Coaches, sponsorship and other supports to maintain long-term recovery.
10. Develop a strong continuing care plan that includes safe and sober housing, finances, self-help, medical, vocational and re-integration into the community.

**Enhancement: Children/Women's Program** – additional required programming, such as:

**Group counseling includes (SP):**

- Parenting skills groups
- Weekly Family Education group (2 hours) for clients and their families with a focus on Addiction education and family awareness, stages of family recovery, family roles, healthy communication, healthy boundaries and community resources.

**Therapeutic Milieu Management (MC):** Observe parent-child interaction in the Women and Children's program and provide parenting support and skills as needed.

## **R2**

Treatment Services is a minimum of 14 hours per week of group and 2 hours of individual. R2 is a community-based oriented residential program that provides clinical services to support recovery from substance use disorders. The effects of the substance related disorder on the individual's life have been so significant, and the resulting level of impairment so great, that outpatient motivations and/or relapse prevention strategies are not feasible or effective. It is designed to rehabilitate the resident's ability to structure and organize the tasks of daily living and recovery such as personal responsibility and personal appearance.

**Treatment Planning (SP):** Treatment planning is based on the individual needs of the client with client leading the focus. It includes substance abuse education, relapse prevention, integration with the recovery community, physical health, psychiatric, mental health, housing, vocational and legal. Treatment Planning starts at admission and is reviewed every 30 days, or before 30 days if needed.

**Co-occurring full assessment (SP):** Within 21 days of admission every client has a full assessment by a licensed clinician. The client is also evaluated by a clinician with a mental health license for any mental health needs. If assessment indicates mental health counseling is needed a referral is made.

**Group counseling (SP)** all group are rehabilitative and are facilitated by a licensed clinical staff (including CADC). Groups are available at least 12 hours per week (approximately 2 per day).

- Attitudes, skills and habits conducive to good health and the maintenance of a substance free life style
- Tools for developing support and relapse prevention skills
- Recovery skills, including the negative impact of addiction
- Mindfulness
- Gender Specific Groups
- Co-Occurring Disorders
- Other groups: Anger Management, Trauma and Decision Making
- Process groups which assist the client in learning to express and share feelings appropriately
- How to benefit from sponsors, contacts and Recovery Coaching

**Individual Counseling (SP)** is based on individual need and is at least two hour per week. Course of treatment is based in treatment plan.

- Individual counseling
- Family counseling (if indicated)

**Case Management: (SP)** (at least 1 to 2 hours per week)

- Re-integration into the community
- Coordination of services with other providers
- Housing
- Assistance in legal issues

**Medication Education (SP)**

- Understand the side effects of medication
- Develop skills to manage medication
- Gain proficiency in monitoring and self-administration

**Crisis Intervention (SP)**

- Assist client through crisis and making necessary referrals.

**Psychiatric Services (may be referred out)**

- When indicated in assessment a psychiatric evaluation will occur
- If the prescriber orders medication management, it is added to the treatment plan.

**Physical Health** (this may be done by in-house physician or an outside referral)

- Within 5 days of admission the client has a physical
- All health needs indicated by the physician are included in the treatment plan

#### **Increasing Support Services**

- Recovery Groups (AA, NA, MAP, etc.)
- Recovery Coaching
- Work with sponsor and community contacts

#### **Drug Testing:** (can be billed if ordered by a physician)

- Drug Testing will be done at time of admission
- Random testing will occur as deemed necessary by the staff

#### **Therapeutic Milieu Management (MC-maybe under section 97)**

- Observe and assist clients in daily tasks such as hygiene, cleaning and food preparations
- Assist clients in learning to communicate effectively within the therapeutic community
- Observe safety and evaluate for potential crisis

#### **Vocational Skills: (NC)**

- Vocational Assessment
- Case Managing and referral to Career Centers
- Assist in learning skills for job search
- Assist with resume building.
- Job Coaching

#### **Transportation: (SP)**

- Available to provide for community integration
- Encourage to get own sources of transport toward discharge

**Documentation:** All documentation must follow guidelines set by the federal guidelines and state. A daily note which states progress toward discharge and the need for continual treatment at this level is documented in a daily note and is based on ASAM dimensions. CADIC notes are co-signed and reviewed by a CCS; and CCS audits charts of other clinical licenses

#### **Target Outcomes:**

1. Recognizing and expressing adverse effects of addictive disease on life.
2. Identification of personal skills and strengths: what works, problem solving skills
3. Identify how to maintain recovery: hopes and dreams, values and resiliency skills
4. Learn to regulate and express feelings and cravings: by using skills in coping, grounding, self regulation, managing impulsivity, mindfulness, and anger management skills
5. Ability to identify and interrupt thinking distortions and automatic defenses: pattern interruption, enhancing readiness to change and addressing criminal thinking.
6. Identify relapse warning signals and skills to avoid relapse
7. Learning and practicing healthy relationships: boundaries, communication, reinforcing social behavior, promoting personal responsibility.
8. To develop a balance daily routine that includes nutrition, hygiene, chores, self administered medication, exercise, vocational pursuits and sober activities.
9. Strong involvement in support system within a recovery community. Learning to use Recovery Coaches, sponsorship and other supports to maintain long term recovery.
10. A strong continuing of care plan that includes safe and sober housing, finances, self-help, medical, vocational and integration into the community.

#### **Enhancement: Co-occurring Treatment** – additional required programming, such as:

- **Co-Occurring full assessment (SP)** Full psychiatric/multi-axial assessment performed. Client will seek mental health counselor if indicated.
- **Group Counseling to include (rehabilitative)(SP)**

- **Psychiatric Services**
  - A psychiatric evaluation conducted with every admission
  - Minimum of monthly monitoring of medications by provider
  - Inclusion of needs, barriers in the treatment plan
- **Target Outcomes:**
  1. Understand mental health limitations as part of ongoing sobriety and self-care.

**Enhancement: Adolescent Residential Model (ASAM Adolescent Level III.5):**

These programs are designed to provide relatively extended, sub-acute treatments that aim to effect fundamental personal change for the adolescent who has significant social and psychological problems. The goals and modalities of treatment focus not only on the adolescent's substance use, but also on a holistic view of the adolescent that takes into account his or her behavior, emotions, attitudes, values, learning, family, culture, lifestyle and overall health.

In this level of care, the adolescent is experiencing mild to moderate withdrawal (or is at risk of withdrawal), but does not need frequent medical or nursing monitoring. The adolescent's status features one or more of the following: he/she is at moderate but stable risk of harm and thus needs medium-intensity 24-hour monitoring or treatment for safety; exhibits moderate to severe interference with addiction recovery efforts; evidences moderate to severe impairment of social functioning; evidences moderate to severe difficulties with activities of daily living; adolescent's history and present situation predicts destabilization without medium-intensity residential treatment. Also, the adolescent needs intensive motivating strategies in a 24-hour structured program to address his/her minimal engagement or opposition to treatment, or his/her lack of recognition of current severe impairment. He/she is unable to control use and avoid serious impairment without a structure 24-hour program because he/she is unable to overcome environmental triggers or cravings; or has insufficient supervision between encounters at a less intensive level of care; or has high chronicity and/or poor response to treatment. In all likelihood, the adolescent's environment is dangerous to his or her recovery, so that 24-hour residential treatment is required to promote recovery goals and for protection.

In order to be admitted to program of this level a potential client will be screened based on the above dimensions, which will address all ASAM dimensions: 1. Acute Intoxication and/or Withdrawal; 2. Biomedical Conditions & Complications; 3. Emotional, Behavioral or Cognitive Conditions and Complications; 4. Readiness to Change; 5. Relapse/Continued Use Potential; and 6. Recovery Environment. A potential client must meet specifications in at least two of these six dimensions to be admitted to the program.

**Treatment Services** are administered by at least a level of credentialing of a CADC (under supervision of a CCS), LADC, LCPC, LCSW, or other qualified staff defined by licensure to practice substance abuse counseling that is co-occurring capable, or license as stated below.

Treatment Services will on average be as follows:

Individual Counseling (SP)	1 hour per week
Group Counseling (SP)	14 hours per week
Family Counseling (MC)	.5 hours per week
Case Management (SP)	1 hour per week
Medication Administration (SP)	2 hours per week (daily administration of prescription medications )
Transportation (SP)	.5 hours per week
Psychiatrist (MD or DO)	.25 hours per week
Physician (MD or DO)	.25 hours per week

Instrumental Activities of Daily Living (IADL) 10 hours per week (main meal preparation; routine housework; grocery shopping and storage of purchased groceries; and laundry either within the residence or at an outside laundry facility)

Discharge Planning (SP) .25 hours per week

Crisis Intervention (SP) .25 hours per week

Drug Testing (depends if Dr. ordered) .25 hours per week

**Other services include (MC-under section 97)**

- 24/7 supervision
- Skill building
- Mentoring/Peer Support

**Target Outcomes:**

1. Recognize and express adverse effects of addictive disease on life.
2. Identify personal skills and strengths: what works, problem solving skills
3. Identify how to maintain recovery: hopes and dreams, values and resiliency skills
4. Regulate and express feelings and cravings: by using skills in coping, grounding, self-regulation, managing impulsivity, mindfulness, and anger management skills
5. Able to identify and interrupt thinking distortions and automatic defenses: pattern interruption, enhancing readiness to change and addressing criminal thinking.
6. Identify relapse warning signals and skills to avoid relapse
7. Learn and practice healthy relationships: boundaries, communication, reinforcing social behavior, promoting personal responsibility.
8. Develop a balanced daily routine that includes nutrition, hygiene, chores, self-administered medication, exercise, vocational pursuits and sober activities.
9. Develop strong involvement in support system within a recovery community. Learn to use Recovery Coaches, sponsorship and other supports to maintain long term recovery.
10. Develop a strong continuing care plan includes safe and sober housing, finances, self-help, medical, vocational and integration into the community.



### **Detoxification Services**

Detoxification services provide immediate diagnosis and care to members having acute physical problems related to substance abuse. Providers of detoxification services shall make and maintain arrangements with external clinicians and facilities for referral of the member for specialized services beyond the capacity Planning will occur within the first 24 hours of admission. As client needs are assessed items will be added. The treatment plan will include recovery planning, physical health, co-occurring disorders, and medication management. Treatment Plans will be reviewed daily.

- **Co-occurring Assessment: (SP)** updated from admissions assessment within the first 24 hours to assess for mental health needs, substance abuse history and treatment needs.
- **Group counseling to include (SP)**
  - Teach attitudes, skills and habits conducive to good health and the maintenance of a substance free life style.
  - Learn tools for developing sober support and relapse prevention skills
  - Develop and use recovery skills, including the negative impact of addiction, medical aspects of addiction,
  - Criminal and addictive thinking groups
- **Individual Counseling (SP)** will be based on individual need and will develop a plan for continuing care after detoxification.
  - Individual counseling includes discharge planning and development and review of treatment plans so that plans meet the needs of the client.
- **Case Management: (at least 1 to 2 hours per day)(SP)**
  - Assist the client in re-integrating into the community or referral to another level of care.
  - Coordinate services with other providers involved with client to include but not limited to: housing needs, physical needs, continuum of care, support systems and safety.
- **Medication Education (SP)**
  - Educate the clients on side effects of medication
  - Teach skills to manage medication
  - Monitor and self-administration
- **Crisis Intervention (SP)**
  - Assist client through crisis and making necessary referrals.
- **Psychiatric Services (SP)**
  - When indicated in assessment a psychiatric evaluation will occur
  - If medication is prescribed a 30 minute medication follow-up will occur as ordered by psychiatrist
- **Physical Health (SP)**
  - At time of admission the client has a physical to assess for complication of detox.
  - All health needs indicated by the physician are included in the treatment plan.
- **Drug Testing:**
  - Drug Testing is done at time of admission
  - Random testing occurs as deemed necessary by the staff
- **Therapeutic Milieu Management (MC-under section 97)**
  - Observe and assist clients in daily tasks such as hygiene, cleaning, self-administered medication sober activities, developing a daily schedule and food preparations
  - Assist clients in learning to communicate effectively within the therapeutic community
  - Observe safety and evaluate for potential crisis
- **Transportation: (SP)**
  - Is available to provide for community integration

- Client is encouraged toward discharge to get own sources of transport.

**Documentation:** All contact with client will be documented following regulations set by Mainecare and State of Maine Licensing Regulations. All documentation signed by a CADC must be signed by a CCS all other professional licenses will be signed by the practitioner with the CCS doing audits to ensure compliance.

**Target Outcomes:**

1. Recognize and express adverse effects of addictive disease on life.
2. Identify personal skills and strengths: what works, problem solving skills
3. Identify how to maintain recovery: hopes and dreams, values and resiliency skills
4. Learn to regulate and express feelings and cravings: by using skills in coping, grounding, self regulation, managing impulsivity, mindfulness, and anger management skills
5. Able to identify and interrupt thinking distortions and automatic defenses: pattern interruption, enhancing readiness to change and addressing criminal thinking.
6. Identify relapse warning signals and skills to avoid relapse
7. Learn and practice healthy relationships: boundaries, communication, reinforcing social behavior, promoting personal responsibility.
8. Develop a balanced daily routine that includes nutrition, hygiene, chores, self-administered and medication.
9. Develop a strong involvement in support system within recovery community. Learning to use Recovery Coaches, sponsorship and other supports to maintain long-term recovery.
10. Develop a strong continuing care plan that includes safe and sober housing, finances, self-help, medical, vocational and integration into the community.